

## Civil Rights Grievance Report Form (Complainant Section)

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

**State the reason(s) you are filing this grievance report.**

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**What response did you receive from the institution representative during the alleged occurrence?**

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**What results are you seeking from this communication?**

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**Signature of Complainant**


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**Date**

“The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.”

## Civil Rights Grievance Report Form (Sponsor Section)

**Information on person filing grievance: (Complainant)****Name** \_\_\_\_\_**Address** \_\_\_\_\_**Telephone Number** \_\_\_\_\_**Date Received by Institution OR Sponsoring Organization** \_\_\_\_\_**Director's Name** \_\_\_\_\_**Date forwarded to KDE** \_\_\_\_\_**RESOLUTION/COMMENTS:**

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**Signature of Institution or Sponsoring Organization Representative****Date**

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